



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Before the Examiner
)
Van Hoeck et al.) Isabella, David J.
)
Serial No. 10/775,546) Group Art Unit
)
Filed February 10, 2004) 3738
)
INTERVERTEBRAL SPACER)

INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

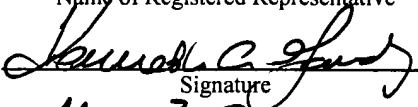
Pursuant to the duty of disclosure in accordance with 37 CFR §1.56, Applicant wishes to bring to the attention of the Examiner the patents, publications, and/or other information listed on the attached PTO Form 1449 (modified). Copies of cited items are enclosed in accordance with 37 CFR §1.98.

The filing of this Information Disclosure Statement shall not be construed as an admission that the information cited is, or is considered to be, material to patentability as defined in §1.56(b).

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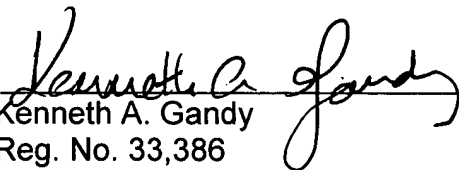
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.	
<u>May 3, 2005</u>	(Date of Deposit)
Kenneth A. Gandy	
Name of Registered Representative	
<u></u>	Signature
<u>May 3, 2005</u>	Date of Signature

This Statement is being submitted after filing of the application and after receipt of the First Office Action. The large-entity fee of \$180 is to be charged to the American Express account number shown on the attached form (PTO-2038). It is believed that no additional fees are due; however if any fees are deemed necessary, the US Patent & Trademark Office is hereby authorized to charge such fees to Deposit Account No. 23-3030 but do not include any payment of issue fees that are or may become due.

Respectfully submitted,

By: 
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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if Known	
				Application Number	10/775,546
				Filing Date	February 10, 2004
				First Named Inventor	James E. VAN HOECK
				Group Art Unit	3738
				Examiner Name	Isabella, David J.
Sheet	1	of	1	Attorney Docket No.	4002-3480

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Application of Cited Document	Pages, Columns, Lines where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
		US 5-015-247	05-14-1991	Michelson	

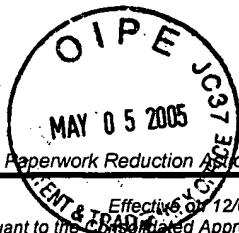
FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Application of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
		WO 89/09035	10-05-1989	Brantigan		

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s) publisher city and/or country where published	T ⁷

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.



IFW

WENMM/le SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**180**

Complete if Known

Application Number	10/775,546
Filing Date	February 10, 2004
First Named Inventor	James E. VAN HOECK
Examiner Name	Isabella, David J.
Art Unit	3738
Attorney Docket No.	4002-3480

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account number: **23-3030** Deposit Account Name: **Woodard, Emhardt, Moriarty, Mcnett & Henry LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments to the above-identified deposit account.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Multiple Dependent Claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
_____ -20 or HP	= _____	x _____	=0	x _____	=0

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP	= _____	x _____	=0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 419a(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100	= _____ /50	=2 (round up to a whole number)	x _____	0

4. OTHER FEE(S)

Non-English Specification \$130 fee (no small entity discount)
Other: **Information Disclosure Statement**

Fee Paid (\$)
180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,386	Telephone	(317) 634-3456
Name (Print/Type)	Kenneth A. Gandy	Date	May 3, 2005		